

FILED DEC 2 1950

## STANDARD CERTIFICATE OF DEATH

39260

State File No. ....

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3068 Registrar's No. 2798

1. PLACE OF DEATH a. COUNTY <u>StLouis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>StLouis</u>	
b. CITY OR TOWN <u>Maplewood</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Maplewood</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7890 Folk</u>		d. STREET ADDRESS (If rural, give location) <u>7890 Folk</u>	

3. NAME OF DECEASED (Type or Print) <u>William R Hudspeth</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>11-18-1950</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9-26-1881</u>	9. AGE (in years last birthday) <u>69</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 WEEK Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>pencil factory</u>	11. BIRTHPLACE (State or foreign country) <u>Clay County / Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>Robert Hudspeth</u>	13b. MOTHER'S MAIDEN NAME <u>Liza Ann Burton</u>	14. NAME OF HUSBAND OR WIFE <u>Mary</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>OTIS HUDSPETH OVERLAND MO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Otis Hudspeth Overland Mo</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart disease</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH  <u>4 1/2</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-18, 19 50 to 10-16, 19 50, that I last saw the deceased alive on 10-16, 19 50, and that death occurred at 11/19/50 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Herbert R. Dammge, M.D.</u>	(Degree or title)	23b. ADDRESS <u>601 S. Brentwood, Clayton, Mo.</u>	23c. DATE SIGNED <u>11-19-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11-19-1950</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Corning Arkansas</u>
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DATE REC'D BY LOCAL REG. <u>11-19-50</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dammge, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service Inc.</u>	ADDRESS <u>St. Louis 10, Mo.</u>
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(Licensed Embalmer's Statement on Reverse) 1914 Manchester Ave.

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Ronald E. Yahrke*

Signed.....

Student Embalmer

Licensed Embalmer No. *3917*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.